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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning

, 2008, and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOUNTAIN-THINGVALLA FIRE PROTECTION DISTRICT	D Employer identification number 54-2179906	
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 73	Room/suite	
	City or town, state or country, and ZIP + 4 MOUNTAIN ND 58262	F Group Exemption Number ►	
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		
	G Accounting method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		

I Website: ► N/A

J Organization type (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 216,348.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
1 Contributions, gifts, grants, and similar amounts received	1 49,965.
2 Program service revenue including government fees and contracts	2 2,615.
3 Membership dues and assessments	3
4 Investment income	4 21.
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 163,747.
b Less direct expenses other than fundraising expenses	6b 141,902.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 21,845.
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ► _____)	8
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 74,446.
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 18.
14 Occupancy, rent, utilities, and maintenance	14 7,139.
15 Printing, publications, postage, and shipping	15 370.
16 Other expenses (describe ► See Other Expenses Statement)	16 48,114.
17 Total expenses (add lines 10 through 16)	17 55,641.

18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 18,805.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 14,795.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year (Combine lines 18 through 20)	21 33,600.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ	
(See the instructions for Part II.)	
(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	14,795.22 33,600.
23 Land and buildings	0.23 0.
24 Other assets (describe ► _____)	0.24 0.
25 Total assets	14,795.25 33,600.
26 Total liabilities (describe ► _____)	0.26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,795.27 33,600.

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? FIRE PROTECTION & SAFETY

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	WE PROVIDE FIRE PROTECTION AND SAFETY TO THE CITY OF MOUNTAIN AND THINGVALLA TOWNSHIP. WE SERVE APPROXIMATELY 200 PEOPLE.	(Grants \$ 0.) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	28a	48,114.
29		(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	
30		(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	
31	Other program services (attach schedule)	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)			32	48,114.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
FARREN WOLD PO BOX MOUNTAIN ND 58262	FIRE CHIEF 5.00	0.	0.	
CHAD GUDMUNDSON 202 MAIN AVENUE MOUNTAIN ND 58262	DIRECTOR 2.00	0.	0.	
RON CARDINO 344 2ND AVENUE MOUNTAIN ND 58262	DIRECTOR/TREASURER 5.00	0.	0.	
JANA GUDMUNDSON 202 MAIN AVENUE MOUNTAIN ND 58262	DIRECTOR 2.00	0.	0.	
KEITH GUDMUNDON 324 2ND AVENUE MOUNTAIN ND 58262	DIRECTOR 2.00	0.	0.	
TOM MOORE 12774 86TH ST NE EDINBURG ND 58262	DIRECTOR 2.00	0.	0.	
JAMIE THORFINNISON 102 MAIN AVENUE MOUNTAIN ND 58262	SEC/DIRECTOR 5.00	0.	0.	
JOSH HEUCHERT PO BOX MOUNTAIN ND 58262	GAMING DIR 2.00	0.	0.	
DARREN OLAFSON PO BOX MOUNTAIN ND 58262	GAMING DIR 2.00	0.	0.	
HUGH RALSTON 13328 86TH ST NE CRYSTAL ND 58222	GAMING DIR 2.00	0.	0.	
KIM HANNESSON PO BOX 135 MOUNTAIN ND 58262	GAMING DIR 2.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33 X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes 34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. See L-35 Stmt 35 X

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? 35a X

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 35b

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N 36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.

b Did the organization file **Form 1120-POL** for this year? 37b X

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b

39 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0. 40a X

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I 40b X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c

d Enter amount of tax on line 40c reimbursed by the organization 40d

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e X

41 List the states with which a copy of this return is filed ► North Dakota

42 a The books are in care of ► MOUNTAIN FIRE PROTECTION Telephone no. ► (701) 993-8299
 Located at ► 344 2ND AVENUE MOUNTAIN ND ZIP + 4 ► 58262

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ► 42b X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. ► 42c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 43

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 X

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization(s) a section 527 organization?

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>NONE</u>				

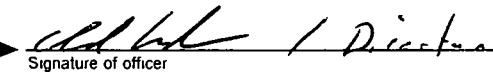
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<u>NONE</u>		

Total number of other independent contractors receiving over \$100,000 ►		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	►  / Director	Date
	Signature of officer	10/15/10
Paid Preparer's Use Only	►  / Director	Date
	Type or print name and title	10/15/10
Preparer's signature		Date
Firm's name (or yours if self-employed), address, and ZIP + 4	Mortenson & Rygh ► PO Box 33 Cavalier	Date 10/15/10
	ND 58220	Check if self-employed <input type="checkbox"/> Preparer's Identifying Number (See instructions) P00290595
	EIN 20-1513919	Phone no ► (701) 265-8644

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

**Open to Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

Name of the organization

MOUNTAIN-THINGVALLA FIRE PROTECTION DISTRICT

Employer identification number

|54-2179906

Part I **Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(ii)**. Enter the hospital's name, city, and state.
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
h

Yes	No

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above? .

h Provide the following information about the organizations the organization supports

BAA

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include unusual grants.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input checked="" type="checkbox"/>	

BAA

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶

1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in an activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

5 The value of services or facilities furnished by a governmental unit to the organization without charge

6 **Total.** Add lines 1-5

7a Amounts included on lines 1, 2, 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000

c Add lines 7a and 7b

8 **Public support** (Subtract line 7c from line 6.)

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1				15,914.	49,965.	65,879.
2						
3				14,699.	21,845.	36,544.
4					2,615.	2,615.
5						
6 Total.				30,613.	74,425.	105,038.
7a						
b						
c						
8 Public support						105,038.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

c Add lines 10a and 10b

11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

13 **Total support.** (add lines 9, 10c, 11, and 12)

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9				30,613.	74,425.	105,038.
10a						
b				38.	21.	59.
c				38.	21.	59.
11						
12					168.	168.
13 Total support.						105,265.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .	15	99.78 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .	17	0.06 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Other Income Part III, Line 12

Description: POLAR REFUND

2007: 168.

Supplemental Information Regarding Fundraising or Gaming Activities

2008

Open to Publ
Inspection

Name of the organization

Employer identification number

MOUNTAIN-THINGVALLA FIRE PROTECTION DISTRICT

|54-2179906

Part IV Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 GAMING (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col (c))
	1 Gross receipts	163,747.			163,747.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	163,747.			163,747.
DIRECT EXPENSES	4 Cash prizes	118,028.			118,028.
	5 Non-cash prizes	0.			0.
	6 Rent/facility costs	3,300.			3,300.
	7 Other direct expenses	20,574.			20,574.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				141,902.
	9 Net income summary. Combine lines 3 and 8 in column (d)				21,845.

Part III **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))
	1 Gross revenue	63,094.	91,208.	9,445.	163,747.
DIRECT EXPENSES	2 Cash prizes	40,654.	70,811.	6,563.	118,028.
	3 Non-cash prizes				
	4 Rent/facility costs	0.	3,300.	0.	3,300.
	5 Other direct expenses	7,921.	11,460.	1,193.	20,574.
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 95.00 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95.00 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				141,902.
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				21,845.

9 Enter the state(s) in which the organization operates gaming activities: North Dakota

YES	NO
-----	----

9a	X
----	---

10a	X
-----	---

11	X
----	---

12	X
----	---

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	0.00 %
b An outside facility	13b	100.00 %
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
Name: ► <u>DEBORAH REILLY</u>		
Address: ► <u>PO BOX 103 MOUNTAIN, ND 58262</u>		
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a	X
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____		
c If 'Yes,' enter name and address:		
Name: ► _____		
Address: ► _____		
16 Gaming manager information		
Name ► <u>DEBORAH REILLY</u>		
Gaming manager compensation ► \$ <u>7,200.</u>		
Description of services provided: ► <u>MAKE BANK DEPOSITS, RECORDKEEPING, FILLING MACHINES, COUNTING MONEY</u>		
<input type="checkbox"/> Director/officer	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	X
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ <u>5,500.</u>		

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

ADVERTISING	121.
MISCELLANEOUS	193.
DONATIONS	350.
GEAR & EQUIPMENT	43,382.
OFFICE SUPPLIES	38.
FUEL	2,056.
SUPPLIES	1,824.
TELEPHONE	150.
Total	<u>48,114.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SYLVIA MOORE PO BOX 14 MOUNTAIN ND 58262	Title GAMING DIR Hours/Week 2.00	0.	0.	
Foreign city Foreign country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SKIP KOTCHMAN RR CAVALIER ND 58220	Title GAMING DIR Hours/Week 2.00	0.	0.	
Foreign city Foreign country				

Schedule O (Form 990), Supplemental Information to Form 990

Schedule G (Form 990 or 990EZ), Part III, Line 17a (continued)

State Name	Amount
North Dakota	5,500.

Explanation Statement

Form/Line: Form 990-EZ, Part V Line 35Explanation of: Not Reporting Income on Form 990-TGAMING INCOME WAS EARNED THROUGH A FUNDRAISING EFFORT TO RAISE FUNDS FOR THE MOUNTAIN FIRE DEPARTMENT.

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

Schedule A (Form 990 or 990EZ) - Other Income (continued)

Description	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
POLAR REFUND				168.		168.
Total				<u>168.</u>		<u>168.</u>